TRYPTYR®
(acoltremon ophthalmic solution) 0.003%

BIN# **022816**

PCN# **Use Primary Insurance PCN***

GRP# **Use Primary Insurance Group**

ID# **Use Primary Insurance Member ID**

Card is activated by the pharmacist with a valid COB to BIN 022816.

Alcon

NOTE TO PHARMACIST:

*Some dispensing software systems cannot change the PCN by Rx. Please call the pharmacy help desk at 1-833-613-2333 for assistance with processing.

Eligibility Criteria/Terms and Conditions:

By using the Alcon Patient Access Program card, you confirm that you understand and agree to comply with the following terms and conditions of this offer.

- Valid only for those with private insurance.
- Eligible, commercially insured patients may pay as little as $30 in out-of-pocket expenses for TRYPTYR® (acoltremon ophthalmic solution) 0.003%, commercially insured patients without coverage may pay as little as $30 for their first fill then $79 for refills. Maximum benefit is 13 boxes of 60 single-use vials per calendar year. Patient is responsible for any costs once limit is reached in a calendar year.
- This offer is not valid for any person who is 65 years of age or older without commercial insurance. You must be 18 years of age or older to redeem this offer for yourself or as a caregiver.
- Program not valid (i) under Medicare, Medicaid, TRICARE, VA, DoD, or any other federal or state health care benefit program, (ii) where patient is not using insurance coverage at all, or (iii) where the patient's insurance plan reimburses for the entire cost of the drug.
- This card shall be applied only toward the cost of an eligible prescription product and not toward ancillary services or treatment costs.
- This offer is not valid with other offers. This card has no cash value. No cash back.
- The value of this Program is exclusively for the benefit of patients and is intended to be credited towards patient out-of-pocket obligations and maximums, including applicable co-payments, coinsurance, and deductibles.
- Patient may not seek reimbursement for the value received from this Program from other parties, including any health insurance program or plan, flexible spending account, or health care savings account.
- Patient is responsible for complying with any applicable limitations and requirements of their health plan related to the use of the Program. This Program is not health insurance.
- This offer is good only in the United States of America and Puerto Rico.
- Program may not be combined with any third-party rebate, coupon, free trial, discount, prescription savings card, or other offer. Proof of purchase may be required.
- This offer is not contingent on any past or future purchase of the product.
- Product provided through this offer may not be sold, traded, bartered, transferred, or returned for credit.
- This offer is not valid where prohibited, taxed, or otherwise restricted.
- Alcon reserves the right to rescind, revoke, or amend the Program and discontinue support at any time without notice.
- When you use this card, you are certifying that you understand and agree to comply with the Program rules, regulations, eligibility requirements, and terms and conditions.
- The patient card will activate when the pharmacy accesses the BIN 022816.
- For questions, call 1-800-587-9586. This offer expires December 31, 2026.

To the Pharmacist:

- Activation for this offer happens at the pharmacy terminal when the primary insurance result is submitted to brightscrip BIN 022816. There is no online enrollment or activation required in advance of claim submission. For eligible commercially insured patients: Submit the claim to the primary insurance first, then submit the balance due to BIN 022816 as a secondary payer with the patient responsibility. If not covered by the primary insurance, submit a COB (coordination of benefits) with the applicable primary payer reject codes. The patient is responsible for the first $30 or $79 per box of 60 single-use vials.
- Reimbursement will be received from brightscrip. For any questions on processing and the brightscrip terms of use, please call brightscrip at 1-833-613-2333.
- Third-Party Discount Cards and other non-insurance plans are not valid as primary payers under this offer. This offer cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription.
- When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs, including but not limited to, Medicare (including Medicare Advantage and Part A, B, and D plans), Medicaid, TRICARE, Veterans Administration or Department of Defense health benefits coverage, the Puerto Rico Government Health Insurance Plan, or any other federal or state health care programs. This offer is not valid for any person eligible for reimbursement of prescriptions, in whole or in part, by any of these programs.
- By accepting this card and submitting claims for any of the products specified herein, you agree to the Program terms and conditions.
- Alcon reserves the right to rescind, revoke, or change this offer at any time.
- This offer is only valid for eligible patients with commercial insurance.
- This offer is not valid for any person that is 65 years of age or older without commercial insurance. You must be 18 years of age or older to redeem this offer for yourself or as a caregiver.
- Some dispensing software systems cannot change the PCN by Rx. Please call the pharmacy help desk at 1-833-613-2333 for assistance with processing.
- For questions, call 1-800-587-9586.
- This offer expires December 31, 2026.

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